

promote Christian ideals for agriculture and rural life; to interpret the spiritual and religious values which are in the processes of agriculture and the relationships of rural life; to magnify and dignify the rural church; provide a means of fellowship and cooperation among rural agencies: *Toward a Christian Rural Civilization.*"

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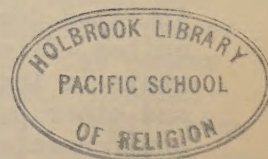
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A STRONG CHURCH NEEDS A STRONG PEOPLE

By Bruce Underwood*



There are many passages in both the Old and New Testament that bear out the thought that God expects those who follow him to live cleanly in body as well as in spirit. The reason God wants his people to follow the laws of nature as well as the things of the spirit is quite obvious. The reason why a strong church needs a strong people is equally obvious. There are notable exceptions to be sure but, by and large, it requires the best of health to be the active followers of Christ we ought to be. No one would disagree with the principle that the better a person feels the stronger and healthier his body is, the better and greater his work as a Christian can be. Those with strong bodies and with good health are better able to sing in the choir, to attend church every Sunday, to attend prayer meeting every Wednesday night, to attend all the services of the church in all kinds of weather, to carry on their share of the work of the church as it reaches out into the community. I know you will agree with me that it requires a strong healthy person to carry on the work of the minister and the missionary as it should be done.

The church has a responsibility for physical as well as spiritual need. Everywhere our Saviour went he ministered to the physical as well as to the spiritual. We read in Matthew that great multitudes followed him and he healed them. We read that as he went forth and saw a great multitude he was moved with compassion toward them and healed their sick. We read in John's gospel: "I am the bread of life, he that cometh to me shall never hunger and he that believeth on me shall never thirst." He was speaking of spiritual things but he had just finished feeding the multitude. Following his example we have a responsibility for developing and maintaining an abundant community life.

THE PROBLEM

I wish to discuss with you something of the problems that face us as we attempt to work for a strong people. To do that we need first to look at the

*Presented at the Thirteenth Rural Leadership Institute, April 18 to 20, 1950, University of Kentucky, Lexington. Dr. Underwood is the State Commissioner of Health, located at Louisville. We are grateful to Dr. Underwood for kind permission to print this timely statement. It will be of special interest to members of The Christian Rural Fellowship both in the United States and abroad.

existing conditions in our state and our community. Although we have made progress in the field of health in Kentucky, we must continue our concerted efforts in attacking our problems as they exist today. My remarks will concern public health.

In the first place, let us look at the problems of sanitation. Filth-borne diseases are a major cause of illness and death. The death rates from diarrhea, enteritis, dysentery, and typhoid fever all are higher in Kentucky than they are in the nation as a whole. As Dr. Horine of Louisville phrased it recently in a report on health for the Committee for Kentucky, the once enchanting Ohio River and its tributaries have become converted into a repulsive open sewer. Many communities fail to collect garbage, while others place their garbage in fly- and rat-infested dumps. Much of Kentucky's population is inadequately protected from mosquitoes, flies, and other disease-carrying insects. The majority of the restaurants in the state do not meet acceptable standards of sanitation; many schools and other public places fall short of even minimum sanitary requirements. Faulty environmental sanitation is one of our greatest public health problems. There are many practical aspects to this problem; for example, we are trying to encourage tourists to come to Kentucky, yet our food-handling establishments are not conducive to tourist patronage. We are trying to teach health in the schools of our state, yet not very many schools have adequate facilities for children to wash their hands before they eat their lunches. Many of the schools, especially in rural areas, have very poor and frequently unsafe sewage disposal and water supplies.

Tuberculosis is a major epidemic in Kentucky at all times. We have 14,000 cases of the disease, three-fourths of which are not isolated and are constantly spreading infection. We expect to see five new tuberculosis hospitals open in the near future. We are beginning to realize that it is cheaper to treat cases of tuberculosis and stop the spread of this disease in the communities than it is not to do so. This fact is true both from an economical standpoint as well as from the viewpoint of doing something for the people of the state.

Great progress has been made in the care of our mentally ill. The program of building mental institutions in the state is well along toward completion. We must now turn our thoughts toward better psychiatric treatment and care for these mentally ill people. For example, at Western State Hospital at Hopkinsville there are four doctors to take care of over 2,000 mental patients. They can barely take care of the ordinary medical and surgical needs of these patients, to say nothing of giving them psychiatric treatment they need. Wouldn't it be cheaper, and wouldn't it be better to treat these patients and restore many of them to their communities and to a useful life rather than having to give them custodial care the rest of their lives? Surely the people of a great state ought to be interested enough to do whatever it takes to give these poor unfortunate people the best care possible. As we face the future, we need to give more and more attention to preventing mental illness. The State Department of Health has established a Division of Mental Health which is working closely with the mental institutions of the state. We are attempting to prevent mental illness from developing in the first place. Clinics are being opened throughout the state. Mental disorders present a serious problem when we realize that one out of every ten persons now living will at some time during his life have mental illness, and at least one out of every twenty persons will require hospitalization for a mental illness.

In 1948 there were 12,353 persons in Kentucky who died from diseases of the heart and blood vessels. These diseases killed one-half more than the next

five causes of death combined. The hearts of young people are damaged by the ravages of acute rheumatic fever and its closely allied condition which is called chorea. For persons over forty years of age, high blood pressure is the greatest cause of heart disease. For persons over sixty years of age, hardening of the arteries leads to heart damage with or without high blood pressure. Until 1949 practically nothing had been done on an organized community basis to combat the menace of heart disease. In April 1949 the Kentucky Heart Association was organized, and since then a division of heart disease control has been established in the State Department of Health.

Cancer with an incidence of over 10,000 cases is our second highest cause of death. Eighteen clinics for the diagnosis and treatment of cancer are sponsored by the State Department of Health, Kentucky Division of American Cancer Society, in cooperation with the Kentucky State Medical Association. The cancer mobile unit has brought diagnostic facilities to the more rural areas. Crucial in cancer control are education, early diagnosis, and early treatment. While progress has been made, we still have practically no facilities for the care of incurable cases. Research now being extensively done both in Kentucky and in other parts of the nation and the world gives much promise for the future that we will find the answer to the cause of this dread disease.

Malnutrition is widespread in our state. Some of this lack of proper diet is due to poverty, but the vast majority of it is due to the ignorance of the people concerning the basic facts of nutrition. There are evidences of serious deficiencies in prenatal diets and in those of our children as well as in the population as a whole. People need to be informed that being overweight, especially after the age of thirty, places tremendous burdens on the heart and the rest of the organs of the body and that overweight shortens life. A great deal of information is needed by the people concerning the basic elements of diet and what foods are necessary to protect against the serious deficiencies that occur from an improper diet.

There were 2,119 accidental deaths in Kentucky in 1948 alone. Accidental deaths kill more persons than any other preventable cause of death. There were 722 deaths from motor vehicle accidents alone, with almost 18,000 persons injured, and an economic loss in property damage exceeding twenty-four million dollars. Many deaths from falls, burns, and drownings could be prevented. Industrial and agricultural accidents could be decreased. The Governor's Safety Highway Conference is a step in the right direction. We are beginning to show an interest in the cause and prevention of home accidents. A great deal of information is available but more is needed. Certainly people should realize the danger of having loose rugs at the head of stairways, of piling things on basement stairways, and all the other hazards that could so easily be avoided if the information was available and the people were genuinely interested in correcting the hazards before serious accidents occur. Nine out of ten industrial plants in the state do not have adequate sanitary facilities. Only about five per cent have any in-plant medical or nursing services.

The health of our mothers and babies has improved in the last few years because of better care, but we still have the eighth highest maternal death rate in the nation and likewise the eighth highest infant death rate. Last year there were 6,000 Kentucky babies born without even a physician in attendance, to say nothing of using a hospital. There are at least 10,000 crippled children in Kentucky, in addition to an undetermined number who are incapacitated by rheumatic heart disease. Much is being done for those who are visibly crippled, but even

this work is hindered by lack of funds. There are fewer doctors, dentists, nurses, hospital beds to care for the child population than in most other states.

In more than half of our counties, health units have no child health clinics where defects can be found and referrals made to the family physician for correction. The school health code is a forward step in this field. Much progress has been made in improving the health of school children; greater progress will be made as the Citizens' Health Committees and others become interested in the school in the children, and in the effect that the school community can have on the total health of the community. Correction of defects is hampered by the shortage of hospital facilities as well as the ability to pay for them, but the problem is not so great to be solved if the people of each community will work together toward its solution. The work is also hindered by a lack of an adequate program of health education. It is estimated that out of each ten school children in the state, three have eye, nose, and throat defects; seven out of ten have dental defects. A State School Health Council has been formed for the purpose of aiding those agencies that work in the field of school health from the state level. Much good promise to come from this coordination of effort at the state level, but the final good will come when the people of the communities are willing to work and coordinate locally the programs for their own local schools and local communities.

Much progress has been made in the field of venereal diseases, but even today babies are born with syphilis, with gonorrhea of the eye and the blindness that results from it. We have made progress, but do you realize that in Kentucky there were 5,000 cases of syphilis and 8,000 cases of gonorrhea reported last year? There have been remarkable advances in treatment methods and the development of drugs that make possible the control of these diseases. Certainly we must prevent those diseases which we can prevent, as for example the insanity which results from untreated syphilis. We can prevent blindness which develops in babies born with the disease.

THE SOLUTION

Let us think together about the solution according to the following subdivisions: first, preventive medicine; second, curative medicine; third, other phases of public health; and finally, about the community itself. We refer here to that part of preventive medicine which is the responsibility of the community. For example, the quarantine of a case of diphtheria cannot be done effectively by the private physician but requires organized community effort through the county health unit. Likewise, the investigation of the source of the disease and the follow-up of all those to whom the disease may have been spread requires organized community effort for effective action.

Immunizations provide another illustration in the field of preventive medicine. The community through its health unit can carry on a widespread program of health education concerning the need for immunization against diphtheria and other communicable diseases. The schools and other groups can help the community in health education and in the promotion of efforts to get the people to respond. The private physician does a great deal of preventive medicine. In the years that lie ahead he will do even more, but his viewpoint and the viewpoint of the health unit are different. He is interested in the individual, and the health unit is interested in the community primarily. For example, in a community of 10,000 children we know that one dose of diphtheria toxoid will immunize 8,500, because one dose is eighty-five per cent effective. We also know that three doses given to each child would immunize 9,500, because three doses are about ninety-

five per cent effective. The private physician would be interested in giving three doses to his patients because he has a responsibility to the individual. If we can give only 10,000 doses, we would prefer to give one dose to each child and get 8,500 of them immunized rather than give three doses to one-third of them and get only about 3,000 immunized. We must look at our problems from the community standpoint.

Another phase of preventive medicine is the treatment of venereal diseases. The private physician treats these diseases to cure the individual. The Public Health Service treats those who are medically indigent because treatment is the best method for stopping the spread of the diseases. The treatment benefits the individual, but it is done primarily for the benefit of the community. Treatment is the best method of preventing insanity due to syphilis. If not prevented, the community has to provide custodial care for these unfortunates in a mental hospital. The community has a health problem in furnishing the facilities for these cases to be treated and cured so that new cases will not develop and so that the disease may be brought under control.

The community has a responsibility for well-child conferences for those who are medically indigent and for expectant mothers both before and after delivery. Prenatal and postnatal care is preventive medicine, while the delivery itself is curative medicine. An additional example is the examination of school employees. The community requires a child to go to school, and thereby it has a responsibility to see that every reasonable safeguard is provided to protect that child. Therefore, a community requires the examination of school employees. The benefit is not primarily to the individual teacher or bus driver but is for the protection of the pupil from infection or accident.

The church has followed the example of the Great Physician in establishing hospitals. Let me say here that the community has a responsibility whether it is carried out by the church, the government, or someone else. It is estimated that we need about twice the number of hospital beds we now have. The Federal Government has made it possible for any community to build the hospital facilities it needs under the Hill-Burton Hospital Program. The community has to pay only one-third of the cost of construction and only one-third the cost of equipment. The community has a responsibility for hospital facilities.

Tremendous progress has been made in the field of curative medicine. In 1900 the life span was less than fifty years. Today it is almost seventy years. Tomorrow it will approach eighty to ninety. Sulfa, penicillin, antibiotics, modern laboratory and surgical techniques have raised the level and the quality of curative medicine to a point far beyond the saddlebag medicine of yesterday. With this increasing quality of medical care there has come an increased cost. Can't we find some American, some voluntary method for the prepayment of medical care, for some form of budget-basis medicine that will take the economic shock out of catastrophic illness? In the days of our forefathers, when a log cabin burned, the neighbors got together and rebuilt it in a day or so. Now we have fire insurance to provide the help that is needed for those who suffer such a loss.

I believe we are waking up to the need for a better distribution of medical care and for a better method of paying for medical care. Recently at the Health Conference in Louisville we heard a speaker state that we spend as much each year for taxes on alcoholic beverages alone as we do for medical care. One cigarette company alone pays more than \$1,000,000 a day in taxes on the cigarettes

it makes. We spend money for what we want. Some method must be worked out so we can spend some of it for the medical care we need. I think it is obvious that we all cannot have the best house, the best lawyer, the best car, and that we cannot all have the best medical care. There is much that is needed, however. Certainly our rural areas need more physicians. Any community that wants a physician can usually secure one by making it known that it wants one and by providing a home, a clinic, and those other things that will show a physician is truly wanted and then by treating the physician right after he comes into the community. So many rural areas only call their physicians at night when it is not convenient to go to the city, passing by their own community physicians in the daytime and leaving for them only those unable to pay and the night calls. Health is a community problem, and by and large medical facilities are in keeping with the qualities of school, church, and general life of the community. We admit the need for medical care for the medically indigent, for better distribution of physicians, and for more hospitals, but we also know there is a limit to what we can have.

Now let us think together about some other phases of community health problems. Water treatment plants and public water supplies present community problems of health as does the milk supply. The danger of bone tuberculosis, undulant fever, and other infections that can be transmitted may affect everyone. Organized community effort is required to control these dangers. Garbage disposal, fly, insect, and rodent control are community problems. Housing, health education, the collection of vital statistics, such as birth and death certificates and the incidence of disease are community health problems. Another very important problem is that of school health. A community and a school have a joint responsibility in the field of health in many different ways. The County Board of Health was organized to give the community a method of local self-government, to carry out through its local health unit many of the responsibilities it has in the field of health.

Public health in Kentucky may be defined as those functions in the field of preventive medicine and public health which require organized community effort for effective action. In order to increase community participation, we were instrumental in the establishment of Citizens' Health Committees in each county of the state. These committees consist of both lay and professional persons. Their purpose is to help the people carry out their responsibilities in the health field, working with local boards of health and health units to develop local programs to meet local needs. The State Department of Health merely serves to guide and coordinate and help wherever it can do so. The local committees can appoint as many sub-committees and as many associate members as are desired. They can work on as many problems of health as they desire, in the way and to the extent that is desired. The Citizens' Health Committees are now under the joint sponsorship of the State Board of Health and the Kentucky State Medical Association, but they are perfectly free to work on any health problems they choose. They are, in fact, responsible to their people for all health problems as representatives of the people. We feel that the Citizens' Health Committee should be only one part of an over-all community council interested in all phases of community life. We urge this for two major reasons: (1) the Health Committee will be relieved of the calls on problems of roads, taxes, agriculture, education, etc.; and (2) the Health Committee can have a wider influence by association with leaders in the other phases of community life. There is a mutual benefit to all groups in the over-all community-wide council.

Health concerns the citizen, the minister, the director of health, the physician, the dentist, the pharmacist, the nurse, the hospital, the teacher, and

all of us; but the prime responsibility rests with the people of a community. A community can have whatever it wants within the limits of its resources. It can have the health unit, the hospitals, the schools, and the churches it wants. The church has a responsibility for an abundant community life, of which health is one phase. The community needs the church to develop members who, as citizens of the community, can follow the example of the Great Physician with the result that we might have life and that we might have it more abundantly both physically and spiritually.

I have felt for some time that our approach to many problems of community life has not been to the heart of the problem. For example, we have done everything under the sun to fight juvenile and parental delinquency, without laying the proper stress on developing good sound Christian lives through the proper development of the family life of our communities. It would seem to me that this is the greatest contribution a church can make to the life of its community, namely, the development of its members into citizens who will live as the Master would want them to live. If that is done, there will be strong family life; there will be fewer broken homes; the influence of the church will be felt in every walk and every endeavor of community life. Without Christian character all of the other fine things we talk about and attempt to do are really of little avail in the long run. A church can be a major factor in providing the inward peace and security that is so greatly needed in the world today. A tremendous problem of mental health has been raised by the frustrations and complications of modern life. Truly a strong church needs a strong people; but even more truly, if a people are to be strong, they need a strong church which is founded upon the one true foundation, Jesus Christ our Saviour. A church needs strong people to be sure, but a church should take the strong people it has and help them to grow in the grace and in the knowledge of our Lord and Saviour.

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SOILS AND HEALTH*

Whatever others may think of the authenticity of the Bible story of creation, we as farmers know that the story is eternally true. We see it repeated year by year as the seasons come and go. In the darkness of the winter blizzards, the earth appears to be without form, and void, but the light and the darkness are resolved into day and night. As the snows melt and spring creeps gradually over the landscape, the waters are again gathered together in the creeks and rivers which flow to the sea, or evaporate to form the clouds of water that are above the earth; the dry land appears--and it is good.

With the coming of spring the earth again surges with life; grasses cover the soil with a mantle of green, colorfully besprinkled with anemones, three-flowered avens, and violets. Fish again run in the creeks; meadow larks and robins return; the prairie chickens can be heard drumming in the great outdoors; and on the farm, chickens appear like little balls of yellow fluff and a new crop of lambs and calves are to be seen skipping in barnyards and pastures. In the fields and gardens, seeds are sown which spread green hands above the soil to catch the sunlight, and send their roots down into the good earth in search of water and mineral nutrients. As we look on this annual miracle of creation in the quiet peace of an early June morning, we know that all this is good.

Spring passes into summer, and the smell of new mown hay accompanies the first harvest of the products of the soil. As the heat of summer passes into the mellow days of autumn, the hum of threshers and combines tells of the gathering of wheat to provide earth's millions with daily bread. Granaries bulge with barley and oats for the hogs and cattle. Potatoes and roots are lifted from the garden and stored in cellars where the shelves already sag with the weight of preserved fruits.

Thus the story is again told; the miracle has again taken place; the soil has produced another crop of plants to feed another generation of animals and men; but as the years go by, and as we now look on all these works, can it be said, as it was said of the first creation, "behold, it is very good!"

What do we imply by goodness when speaking of the products of the garden, field, and range? Truly it is good to have an abundance, i.e., high yield and good returns, but abundance of itself is not goodness. Goodness in food plants should imply the possession of those qualities that satisfy the food requirements of animals and men for heat, for energy, for growth, for body repair, and for reproduction. To be healthy is to be well fed. If the foods produced by farm and garden satisfy all food requirements so that bodies can be kept in health, then the works of our hands are good....

As farmer-distributors there are two fundamental responsibilities that must be faced, and the manner in which these responsibilities are faced will determine the success of the cooperative movement and the moral character of the members. . .of being good husbandmen and of making sure that the products distributed are of good quality....

*From an address by Professor J. H. Ellis, Soils Department, University of Manitoba, Canada. Used by permission.